



Sandwell and West Birmingham

REPORT TITLE:	Board Level Metrics for Population				
SPONSORING EXECUTIVE:	Daren Fradgley, Managing Director / Deputy CEO – Core				
	Organisation				
REPORT AUTHOR:	Daren Fradgley, Managing Director / Deputy CEO – Core				
	Organisation				
MEETING:	Public Trust Board	DATE:	10 th May 2023		

1. Suggested discussion points [two or three issues you consider the Trust Board should focus on in discussion]

Each member of the Executive Team has personally provided their own commentary to the area for which they are the lead within the Population Strategic Objective.

This adds a further strengthening to the ownership and accountability where improvements are required in the main IQPR Report.

2.	2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]						
	OUR PATIENTS		OUR PEOPLE		OUR POPULATION		
Т	o be good or outstanding in		To cultivate and sustain happy,		To work seamlessly with our	Х	
	everything that we do		productive and engaged staff		partners to improve lives		

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]

The metrics and associated data have been considered in the Integration Committee

4.	Recomme	endation(s)		

The Public Trust Board is asked to:

a. RECEIVE and **NOTE** the report for assurance

5.	5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]								
Во	Board Assurance Framework Risk 01 Deliver safe, high-quality care.								
Во	Board Assurance Framework Risk 02 Make best strategic use of its resources						es		
Во	Board Assurance Framework Risk 03 Deliver the MMUH benefits case								
Во	ard Assurance Framework Risk 04		Recruit, retain, train, and develop an engaged and effective workforce						
Во	ard Assurance Framework Risk 05	Х	X Deliver on its ambitions as an integrated care organisation					ted care organisation	
Со	porate Risk Register [Safeguard Risk Nos]								
Eq	uality Impact Assessment	ls t	Is this required? Y N X If 'Y' date completed						
Qu	ality Impact Assessment	ls t	his required?	Y		Ν	Х	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 10th May 2023

Board Level Metrics for Population

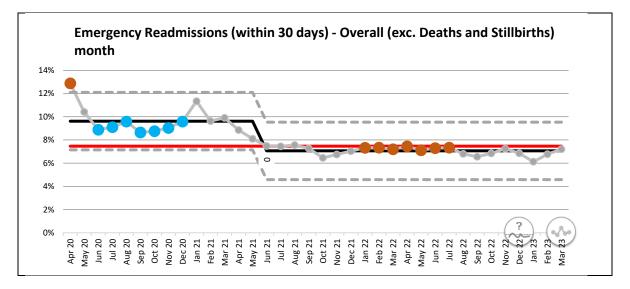
1. Population

1.1 Target Assurance Matrix

			Assurance		
		Consistently Pass Target	Hit & Miss	Consistently Fail Target	No Target
	Special Cause Improvement		Total Admission Avoidance.		
Variation	Common Cause Variation		Emergency Readmissions (within 30 days) - Overall (excluding Deaths and Stillbirths) month. Cardiology Bed Days. 2 Hour Community Response	Older People Bed Days.	Discharge to access [average length of stay] - Simple Discharge. Discharge to access [average length of stay] – Complex Discharge
	Special Cause Concern		Occupied Bed Days.		

1.2 Effective

1.2.1 Emergency Readmissions (within 30 days)



Commentary on current performance and actions in place

Readmissions within 30 days continue to track below the 7% mark. There are some areas where readmissions are higher, and this is driving specific focus. For example, within Home Based Intermediate Care (HBIC). The patient caseload seen through the HBIC service is consistently above 200 but as yet the service is not fully staffed. This has led to prolonged wait times for therapy and associated readmissions

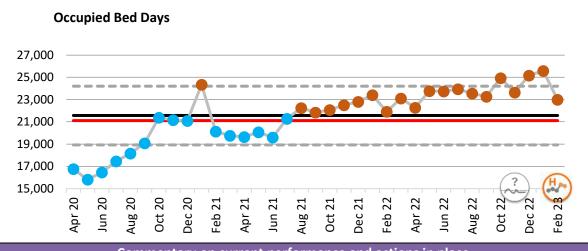
Analyst Commentary

A step change in the mean and control limits have been added from May '21, due the persistent period of lower readmissions thereafter.

This process is in common cause variation.

Talget Source. Model Hospital							
What will we do next and when?							
Action	Owner (Job Title)	Due					
Review of readmission data and benchmark	Deputy Chief Integration	31 st May 2023					
against other areas to set specific focused Targets	Officer						
Complete recruitment to Home Based							
Intermediate Care (HBIC) service.							

1.2.2 Occupied Bed Days



Commentary on current performance and actions in place

Total occupied bed days are consistently greater than the target; however, this month has seen a reduction. The persistent high bed days is impacted by the continued intelligent conveyance from other areas where time to discharge is higher. In addition, the acuity and high level of attendances through the winter period has resulted in unfunded capacity remaining open despite the reduction in attendances, admissions and length of stay resulting from Place Based transformation.

The new Same Day Emergency Care (SDEC) area is now open and operational and will provide greater opportunity for rapid assessment and admission avoidance for people with frailty. The on-going work within Sandwell Place and in partnership with the teams in Birmingham is targeting key areas to reduce bed days. There remains a differential between Sandwell and all other areas, (including Birmingham) and therefore, work to address inequalities is underway. This is also a focus of the preparation towards MMUH. The 2 main areas of delivery over the next months will be expansion of virtual wards and the care homes model

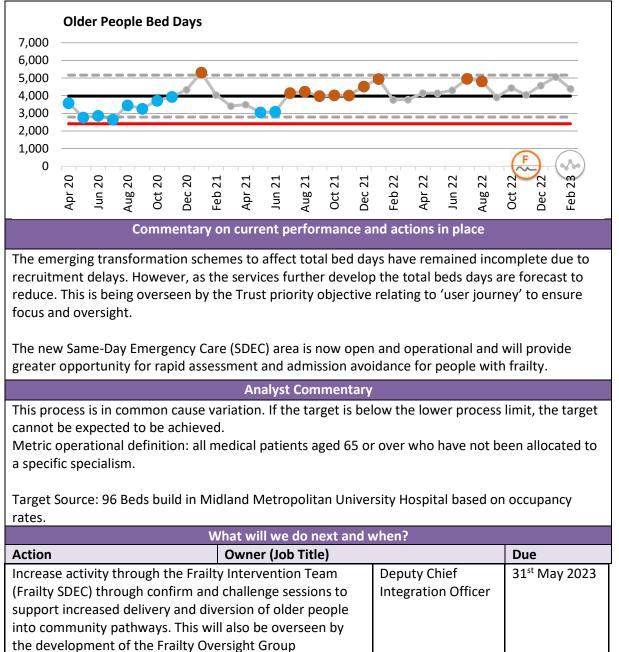
Analyst Commentary

This process is in special cause concerning variation.

Target Source: Beds opening in Midland Metropolitan University Hospital and based on the
anticipated occupancy rates.

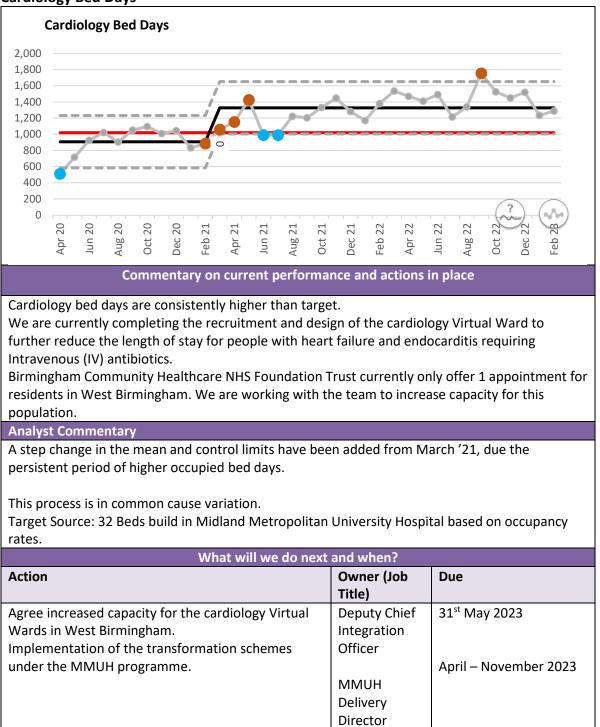
What will we do next and when?						
Action	Owner (Job Title)	Due				
Commence the Frailty Oversight Group to improve	Deputy Chief	31 st May 2023				
governance and accountability through the delivery of	Integration Officer					
associated work streams; frailty Virtual Wards, care						
homes and Frailty Same-Day Emergency Care (SDEC).						
Complete pathway alignment work with partners in						
Birmingham utilising data to provide assurance of						
delivery.						

1.2.3 Older People Bed Days

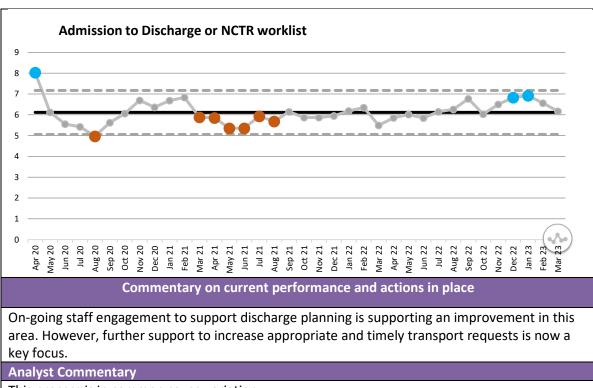


Complete recruitment to the frailty team to support appropriate delivery.	Deputy Chief Integration Officer	July 2023
Implementation of the transformation schemes under the MMUH programme.	MMUH Delivery Director	April – November 2023

1.2.4 Cardiology Bed Days



Discharge to Access (average length of stay) Simple Discharge



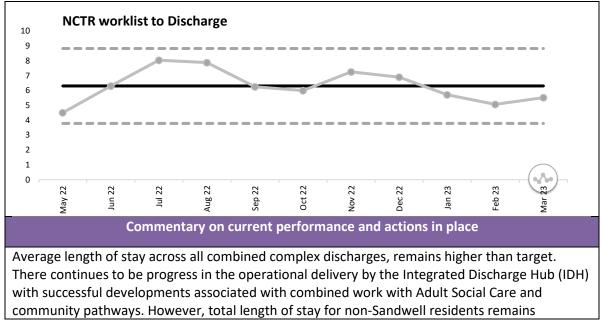
This process is in common cause variation.

Metric operational definition: average length of stay in days from admission into hospital until either patient has a date of no criteria to reside (NCTR) and is added to a discharge hub worklist or discharge.

Target Source: No Target

What will we do next and when?						
Action Owner (Job Title) Due						
Complete audit of therapy times and non-	Deputy Chief	30 th June 2023				
emergency transport utilisation	Integration Officer					

1.2.5 Discharge to Access (average length of stay) Complex Discharge

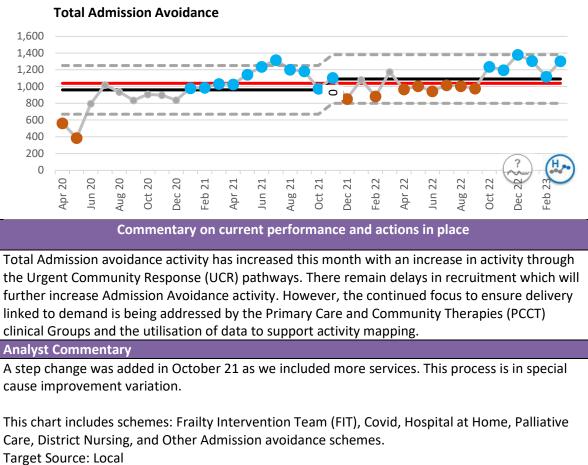


considerably higher and overall average figures are affected by small numbers of people with extremely complex needs and associated prolonged length of stay.

We have now implemented a process where daily escalation of all people in an acute hospital bed with No Criteria to Reside (NCTR) greater than 48 hours takes place to ensure robust and rapid intervention.

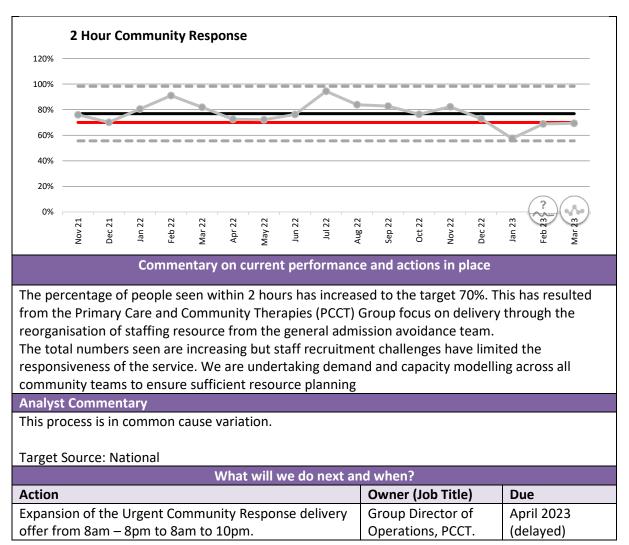
What will we do next and when?						
Action	Owner (Job Title)	Due				
Commence daily Discharge to Assess calls with the	Deputy Chief	31 st May 2023				
Birmingham team to ensure rapid resolution of delays.	Integration Officer					
Increase capacity at Harvest View Intermediate Care Centre to a maximum of 80 beds.		30 th June 2023				

1.2.6 Total Admission Avoidance



What will we do next and when?						
Action	Owner (Job Title)	Due				
Complete recruitment to the Admission Avoidance Team.	Group Director of	July 2023				
	Operations PCCT					

1.2.7 2 Hour Community Response



2. Recommendation(s)

- 2.1 The Public Trust Board is asked to:
 - a) **RECEIVE** and **NOTE** the report for assurance

Daren Fradgley, Managing Director Deputy CEO – Core Organisation May 2023